

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
Official Use Only

**COVER PAGE**

*A Public Document*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Jefferson	Chermaine		
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
			OPTIONAL: FAX / E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:  
California African American Museum  
Division, Board, District, if applicable:  
Dept. w/in State Consumer Services Agency  
Your Position:  
Executive Director (orig. appointed 6/03)  
If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)  
Agency: California Arts Council  
Position: Council Member (appointed 4/07)

**2. Jurisdiction of Office (Check at least one box)**

- ☒ State  
☐ County of \_\_\_\_\_  
☐ City of \_\_\_\_\_  
☐ Multi-County \_\_\_\_\_  
☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- ☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
☒ Annual: The period covered is January 1, 2007, through December 31, 2007.  
-or-  
☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2007.  
☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)  
☐ The period covered is January 1, 2007, through the date of leaving office.  
-or-  
☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
☐ Candidate

**4. Schedule Summary**

- ➔ Total number of pages including this cover page: \_\_\_\_\_  
➔ Check applicable schedules or "No reportable interests."  
I have disclosed interests on one or more of the attached schedules:  
Schedule A-1 ☐ Yes - schedule attached  
*Investments (Less than 10% Ownership)*  
Schedule A-2 ☐ Yes - schedule attached  
*Investments (10% or greater Ownership)*  
Schedule B ☐ Yes - schedule attached  
*Real Property*  
Schedule C ☐ Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*  
Schedule D ☐ Yes - schedule attached  
*Income - Gifts*  
Schedule E ☐ Yes - schedule attached  
*Income - Travel Payments*  
-or-  
☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Charmaine Jefferson

> NAME OF BUSINESS ENTITY  
Kelan Resources

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Arts Consulting & Management

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☒ Other Owner (Describe)

IF APPLICABLE, LIST DATE:  
1/1/07 12/31/07  
 ACQUIRED                      DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/07    \_\_\_\_\_/\_\_\_\_\_/07  
 ACQUIRED                      DISPOSED

> NAME OF BUSINESS ENTITY  
Underground Sound Artists Management

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Entertainment Management Firm

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☒ Other Spouse's business (Describe)

IF APPLICABLE, LIST DATE:  
1/1/07 12/31/07  
 ACQUIRED                      DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/07    \_\_\_\_\_/\_\_\_\_\_/07  
 ACQUIRED                      DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/07    \_\_\_\_\_/\_\_\_\_\_/07  
 ACQUIRED                      DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/07    \_\_\_\_\_/\_\_\_\_\_/07  
 ACQUIRED                      DISPOSED

Comments:

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
Charmaine Jefferson

**> 1. BUSINESS ENTITY OR TRUST**  
Underground Sound Artists Management  
Name  
2003 S. Victoria Ave, LA, CA 90016  
Address  
Check one  
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Artist Management Services

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☒ \$2,000 - \$10,000 1/1/07 12/31/07  
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Sole Proprietorship ☐ Partnership ☐ Other  
YOUR BUSINESS POSITION Spouse Owner

**> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000 ☐ OVER \$100,000  
☒ \$1,001 - \$10,000

**> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

**> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

- ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000      07      07  
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership  
☐ Leasehold      ☐ Other       
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: Payment from Friends Idn rec'd under DPA approved dual compensation arrangement.

**> 1. BUSINESS ENTITY OR TRUST**  
Kelan Resources  
Name  
Address  
Check one  
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Arts & Entertainment Consulting Services

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000 1/1/07 12/31/07  
☒ \$10,001 - \$100,000 ACQUIRED DISPOSED  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Sole Proprietorship ☐ Partnership ☐ Other  
YOUR BUSINESS POSITION Owner

**> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499 ☒ \$10,001 - \$100,000  
☐ \$500 - \$1,000 ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

\$5,000 Friends, the Foundation of The California African American Museum (a 501(c)(3) non profit support org of CAAM)

**> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

- ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000      07      07  
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership  
☐ Leasehold      ☐ Other       
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Charmaine Jefferson</u>

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

California African American Museum

ADDRESS

600 State Dr, Exposition Park

BUSINESS ACTIVITY, IF ANY, OF SOURCE

State Museum

YOUR BUSINESS POSITION

Executive Director

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

**2. LOAN RECEIVED**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_%      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_